WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

PLEASE

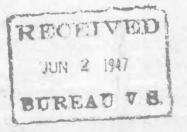
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rowborn infants give residence of mother)
County Upcomputo	
City or town (If outside city or town limits write RURAL and give nearest town)	State Many County William County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. RT2.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
maurice Cleton anderson III	
4. Sex 5. Polor or race 6.(a) Single, marries, indowed, or divorced	MEDICAL CERTIFICATION
M bolged	20. DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of	years and that I last saw h
deceased (mo., dsy, yr.) 700-7 1977	Immediais cause of death affelections DURATION
8. AGE: Years Months Days If less than one day	(Kremature 6 months)
An hrs. 70	min.
9. Birthplace Salisbury	Due to.
9. Birthplace	
10. Usual occupation	Due to
11. Industry or business	
12. Name Daurice Outon Underson	Other conditions
13. Birthplace Day	(Include pregnancy within 3 months of death)
14. Maiden name Barrice Watto a Condison	
14. Maiden name Bernice Kather Confliction Co. The	Major findings of operations. Date of op.
miles of the standar	Autopsy results.
16. Informative of the state of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address CANSTILLS MA	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or femoval, Which?) Date thereo1 (month) (day) (year)	Accident, suicide, or homicide
0	Where did injury occur?
Location of wanted me	Injured at home, farm, Industry, public place (where?)
18. Funeral dispolar father Mariero Chalescen	Means of Injury Injured at work?
hodress Prisheld, The	Strangell MN
1-19 / 114 (0) - 1 8 01	M. D. or other
19. 0 / a) b, 190/ / 1 Toaksel b)	man Bate stoned 5-24-4



PLEASE

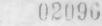
VS. A15

	1
4	Me Me
13.3	200
1	ct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore





CERTIFICATE OF DEATH

Reg.	Dist.	No3.	3	3

1. PLACE OF DEATH Wicomies	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State Mary Lovaltus		
City or town (If outside city or town limits, write RURAL and give nearest town)	Outlity		
How tong in above place of death?	City or fewn (If outside city or town limits, write RURAL and give nearest town)		
Hospital Atliution, or street address where death occurred:			
Ille Jen. Hospile	Street No		
How long in hospital or institution?	2.(a) tt veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed/or divorced			
	MEDICAL CERTIFICATION		
male Cold widower	20. DATE OF DEATH FILE 12 19.47, 21 9.36 P. M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	19 10		
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.)	Immodiate cause of deaths		
8. AGE: Years Months Days tf less than one day	Burne to deat 6thrs.		
(/hrsmin.			
9. Birthplace Mary and			
9. Bringlace	Que to		
10. Usual occupation.			
	Due to.		
11. Industry or business			
12. Name Crushong 13. Birthplace Maryland:	Other conditions		
13. Birthplace / Marylaus.			
5 Madeu Staria	(Include pregnancy withlu 3 months of death)		
14. Malden name Mary Danis 15. Birthplace Mary Land.	Major findings of operations		
E 15. Birthpiace	Date of on		
and the and	Autopsy results.		
Address Whales will	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	22. VIOLENCE: It death was due to external causes, till in the tollowing:		
(Burial, cremation, or removed, Which?) Bate thereof (month) (def) (year)	Accident, suicide, or homicide. asculart Bate of Tele1247		
(Burial, cremation, or remove). Which? (month) (day) (year)			
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location It holywelle md.	Injured at home, tarm, industry, public place (where?)		
no Charley Illata	Means of Injury Burney lay fire Injured at work? To		
18. Funeral director.	0,00		
Address Silleguelle, Klei	John L. Ciling Acts mus Enam		
92/18-114 Pen AD Oal	23. SIGNATURE M. D. or other		
(Date reckl by registrar)	Address Durw Hu My Date signed 4/13/47		

FEB25 1917 BURLAU V 8. 1. PLACE OF DEATH:

WRITE PLAINLY, WITH UNF is especially important.

A15 SA

PLEASE

(Date rep d by registray)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Battimore 52

2. USUAL RESIDENCE (HOME) OF DECEASED:

02097

Reg. Diat. No. 3830

County Wiscomica	(For newborn infants give residence of mother)
	State Maryland County Mucronica
(If outside city or town, write RURAL and give nearest town)	Distance of the second of the
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Peninsula General Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
	2.(0) (1 Telefoli, Heine wat
3. (a) FULL NAME	3. (b) Social Security Number
21- 2-1	
Harry allen	
4. Sex 5. Color race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
make wedowed	11 11 110
Male White widowed	20. DATE OF DEATH Feliciary 26, 1947, at 9 A. M
Que 7 'an Oatha	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. Cassa Jouise Wathor	
	1847, 10 7626 1947
7. Birth date of	and that I last saw h. J. Ma. alive on
deceased (mo., day, yr.) January 11-15-77	
8. AGE: Years Months Chays It less than one day	Immediair cause of death
	Carcing (Ladden
· 70 / 13nrsmin.	Carcillina Wadder
7	
9. Birthpiace. Jung (Town, county, and state)	Oue to
10. Usual occupation Merchantise Cigency	
1 - 10/1 1/1040	Due to
11. Industry of business / Col Col Colo Colo Colo Colo Colo Colo	
12. Name Reche ather 13. Birthplace Jone Island N. 4.	Other conditions
13. Birtholace Low , Island N. 4.	
	(Include pregnancy within 3 months of death)
14. Maiden name Crisco Journe Ferguson 15. Birthpiace England	
E 14. Maluen name and a second	Major findings of operations.
≥ 15. Birthgiace Cualand	Date of op.
3 6 00 mm	
16. Informanillas Cohortotte Cage	Actorsy results.
Address Pettorille Mide	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1- Andreas Inc.	22, VIOLENCE: If death was due to external causes, fill in the following;
17 Bureal Date thereof More 1-1947	Accident, sulcide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, Suicide, or nomicide
Cometery or crematory Line Ul & Soeme Tary	Where did Injury occur?
1- 0.0- 100 - 00	
Incation Near Whilesville Del	Injured at home, farm, industry, public place (where?)
0. 11 - 12 - 00.	Means of Injury tojure at work?
18. Funeral director fru doorward field	
D'et a Pla Mid	1/2 CX
Address Pullsvelle Ma	23 STONETHE Here's Ulusles
0. 10.00 116 Des Pot Cle	M. D. of other
19. 10 / 10 / 19 M/ 19 CANCELS SA ST	address of the had Date signed 2-26-47
(Date red by registrat)	TI ADDIESS

M/R 3 1947

ELLEAD V E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-50

02098

CERTIFICATE OF DEATH

1. PLACE OF DE	ATH: Wicomico.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(For newborn infants give residence of n	nother)		
City or town	Powellyille (Mostaid city or town limits write RUNAL and give nearest town)			Stat Maryland county Wicomico			
How long In above place of death?			onths	City or town Pittsville (If outside city or town limits,			
			••	Sireet No. (If rural, give)			
				2.(a) If veteran, name war			
3. (a) FULL NAM					3. (b) Social Security	Number	
S. (G) POLL HAM					J. (0) Bociai Security	**************************************	
4. Sex	Rower	18 B	Bethard e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
		wide				-33D	
female	white	MIGG	Jwed	20. DATE OF DEATHFeb.			
			Bethard	21. I CERTIFY that death occurred on the date about 10 - 1 - 1449 - 19	10 Feb. 1	19 4 7	
7. Birth date of deceased (mo., day,	ve) Jar	27.	1870				
8. AGE: Year		Days	If less than one day	Immediate cause of death Denderly	al		
77	0	"21	hrsmia.	The state of the s			
			Co. Md.	Due to	***************************************		
11. Industry or busines				- f			
lond]		_	<u> </u>	Other conditions Hyperleuse	in	,	
13. Birthplace	Worcester	Co. 1	ld.	Anciude pregnancy within 8 m	nonths of death)		
14. Maiden name	Catheri	ne Day	19	Major findings of operations	1	>> = = = = = = = = = = = = = = = = = =	
15. Birthplace	Worceste	r Co.	Md.	major madage or opposition			
16. Informant Mr	s J. O. Po	well		Autousy results			
Address	Powellvill	e. Md.		PHYSICIAN: Please underline the cause to wh		d statistically.	
	n, or removal. Which?	,	reof	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide			
Cemetery or cremat	Parsons	Cemet	ery	Where did Injury occur?(City or town)	(County)	(State)	
			·•····································	Injured at home, farm, Industry, public place (wi		****************************	
			son Co.	Meens of Injury	Injured at work?	0	
Addross	Salisbur			trank A	Lewis)	n'hl	
19. 3 / 9,	0, 19.24	1, F6	said & John	23. SHONATURE Frank	14 1	2 - 18 - 47	
(Date ec'd by r	ecistrar)		Begistrar	Address VIII	uate signer	d	



2411 N. Charles St., Baltimore (40)

02099.

CERTIFICATE OF DEATH

H	CERTIFICAT	Reg. Dist. No.
	1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital matitution, or street address where death occurred: How long in hospital or institution? The street of the street of the street occurred: 1. If I RELEY, GUY WILLIS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced	MEDICAL CERTIFICATION 20 DATE OF DEATH 18 February 19 47 11/045
**	6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace	20. DATE OF DEATH
	Location 18. Funeral director Address Address Cemetery or crematory Company of the company	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
	(Date rec'd by registrar)	Address Salisleury, Mary Bate signed 197el. Y

PLAINLY, WITH UNFADING INF. Supply every item of information carefully. This especially important. Physicians: please write the causes of death clearly and legi PLEASE WRITE NS

RESERVED FOR BINDING

MARGIN

29 × 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83



CERTIFICATE OF DEATH

				,	
Reg.	Diat.	No.	 3	56	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
C	State Penn , County	
(If outside lity or town limits, write RURAL and give nearest town)	1-	
How long In above place of death? 2124rs	(If outside city or town limits, write RURAL and give nearest town)	*******
Hospitat, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	********
How long in hospital or institution?	2.(a) If veteran, name war.	********
3. (a) FULL NAME	3. (b) Social Security Number	
V. Winfield Bradley		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W Jing/c		
111 100 10111912	20. DATE OF DEATH. 7 et 2 1947, 2144	.t P
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	ur
		V.4
7. Birth date of deceased (mo., day, yr.) October 18 18 72	and that t last saw h Amalive on 7 ch/ 18	F
8. AGE: Years Months Days It less than one day	Immediate cause of death DURA	TION
74 3 23nrsmln.	Ocerenas rumonnage 1/2	7-9-
9. Birthplace Wicomic Co Mary / S. A. M. (Town, county, and state)	Oue to.	
10. Usual occupation Isetined	Due to.	
11. Industry or business	out (V	***********
12, Name Benjamin S. Bradley	A Cato medication Ind.	W.K
	Other conditions	yo
13. Birthplace Wicomico County	(Include pregnancy within 3 months of death)	
14. Malden name Hester Bradley 15. Birthplace Sussex County Dela	Major findings of operations	
\$ 15. Birthplace Jussex County Dela	Date of on	
m. an B.		
16. Intermant Mita . M. D. Humill	Autopsy results	
Address Sharplown, mit		
17 Bureal Paia thorast 2/4/41	22. VIOLENCE: If death was due to external causes, fillt in the tollowing;	
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide	
Gemetery or crematory Taylor Cometers	Where did injury occur?	
O Street from mile	tnjured at home, tarm, tndustry, public place (where?)	
Location	Means of Injury Injury Injury	
18. Funeral director		
Address Startoure Mel.	AS Tuel linau	
war an	23. SIGNATURED M. D. or other	
19. 2 5 (Date rec'd by registrur) 19.4 Walty G. Mann	Sharptons Med 2/1/2	_
(Date lee a by registrar) Registrar	Address Date signed	*



M. D. or other

Date signed 713 47

es St., Baltimore (93-6)	02101
TE OF DEATH	Reg. Dist. No. 3.33
2. USUAL RESIDENCE (HOME) O	F DECEASED:
State	Micomis
City or town(If outside city or town limit	ts, write, MURAL and give nearest town)
Street No. (If rural, give	e LOCATION)
2.(a) If veteran, name war	
clark	3. (b) Social Security Number
MEDICAL C	ERTIFICATION
2D. DATE OF DEATH FISH	14 7 1977 550K
21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from
714 19	47 , 10 7/14 19.4 j
and that I last saw h	18 4-7
Immediain cause of death	DURATION
Cive C.	weeky
Due to	
Due fo	
Dther conditions	
(Include pregnancy within 3	months of death)
Major findings of operations	
	Date of op
Autopsy results	hich death should be charged statistically.
22. VIOLENCE: tf death was due to external ca	uses, fill In the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (w	rhere?)
Means of injury	Injured at work?



Supply every item of information carefully. Incease write the causes of death clearly and legible

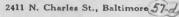
PLAINLY

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-d)



2.(a) if veteran, name war.....



02102

Reg. Diat. No.

CERTIFICATE OF DEAT	CE	RT	IFI	CAT	FE.	OF	DEA	TE
---------------------	----	----	-----	-----	-----	----	-----	----

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Mary fand County Wicomics
City or town
Street No. Sharptown - Laurel Road
(If rural, give LOCATION)

MEDICAL CERTIFICATION

3. ((a)	FULL	NAME

1. PLACE OF DEATH: County Wisomica

How tong in above place of death?.....

How tong in hospital or Institution?..

Hospital, institution, or street address where weath occurred:

3. (b) Social Security Number 220-12-2468

3. (a) FULL	NAME	Ern	ect X.	Javis	
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorce	ed
Thale	(Colored		Single	
6.(b) Name of I	hus band or w	ife) If alive, give age	
7. Birth date of deceased (m		aprie			years
8. AGE:	Years 21	Months 9	Days 2/	if tess than one day	min.
9. Birthplace	pation	Town, Jay Lab	2.102		
11. Industry or	business	Marine	Parka	gr- Company	
12. Name.	************	No da	ta 1	7	
13. Birthpi	ace		الالاث		
14. Maider 15. Birthpi	n name	Brooksia uptown	Davis	L	••••
16. Informant	Broo	prie Das	i	,	
Address	Shay	town ma	ryland		
17. Du (Burial, cre	mation, or r	emoval, Which?)	Date there	(month) (day) (947year)
Cemetery or	crematory	Sant	manage.	Constelly	
				taylald	
				Le Son	
Address	tade	calebras	maryl	-1-	

2D. DATE DE DEATH TE	Luce 1	6 47	12.30 P
20. DATE OF DEATH		919	, 21
21. I CERTIFY that death occurre	ed on the date above st	ated: that lattended de-	ceased from
Fet 3	19.4.7	10 721/	0 1947
and that I last saw h. d. M. al	ive on Fet	15	1947
Immediate cause of death		A	DURATION
Immediairy cause of death	anual	cemol;	3 MV PANO
Imparaliliadi -	at Bracer Ter	Rother Perion	
Ungualified; n	-D: +	2	_
Jue to	KNAKAGANOWA.	CL. O.O.	
***************************************	<i>#</i>		****
Due to	••••••	***************************************	****
	***************************************	**************************************	
Other conditions Tutasserm	non text 2 M	egatine.	***
		4	
(Include preg	nancy within 8 mont	hs of death)	
Major findings of operations	• • • • • • • • • • • • • • • • • • • •	***************************************	
		Date of op	
Autopsy results			
PHYStCIAN: Please undertine	the cause to which	death should be charge	d statistically.
22. VIOLENCE: tt death was d	ue to external causes.	till in the tollowing:	
Accident, sutcide, or homicide			
		DEIG VI	
Where did Injury occur?	(City or town)	(County)	(State)
injured at home, tarm, industry,	public place (where?)	
		1-1 4 -1 1-0	

23. SIGNATURE AS Supland



2411 N. Charles St., Baltimore

02103

CERTIFICATE OF DEATH

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) OF DECEASED.
County	(For by whore infants give residence of mother) Comic
City or town alutury	State. State. County County
(If outside city or town fimits, write RURAL and give nearest town)	City or town Salutrus
How long in above place of death?	(if outside city or town timits, write RURAL and giv nearest town)
Hospital, his litution, or street address where the eath occurred:	Street No. 103 Bay Ushine
	(If peral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henry Wilson	Disharon 3. (b) Social Security Number
4. Sex 5. folor or ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mute Married	tiel 1 1 47 9 450.
111:00	2D. DATE OF DEATH
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
R (a) 14 alive aive one years	Jan 16 1947 10 Jah 6 1847
7. Birth date of L. 224 1974	and that I last saw h. A. A. alive on
deceased (mo., day, yr.)	Immediais Tuse of death
8. AGE: Years Months Days If less than one day	Le fluenz of Lummura
/3 — 3hrsmin.	1 O.K.
Noccenter G. Maryland	
9. Birthpiace	Due to
retired ferromen	
10. Usual occupation.	Due to
t1. industry or bysiness	
12. Name Mean Snow Itle Mary	Diher conditions
13. Birthpiace Near Snow Hell Mary	and
	(Include pregnancy within 3 months of death)
14. Maiden name Vettie Bailey 15. Birthplace Inon This of Marylan	M. Or findings of operations.
15. Birthplace Snow This of Marylan	Date of op.
My Sallie C. Dishardon	Astopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Day M, salustury, 1944,	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Build Date thereof VFieb. 8-19	7.7
(Burial, cremation, or removal. Which?) (p.7)th) (day) (year)	Accident, suicide, or homicide
Cemeter for crematory Central	Where did injury occur?
Worlester G/ Whiten med I	Injured at home, farm, Industry, public place (where?)
Location	
18. Fungasi director	Means of Injury Injured at work?
Salished maryland.	1/2 - 41
And the state of t	23 SIGNATURE D. or other
10 2/81/ why spagget I got	
(Date pc'd Dyregistrar)	Address Lalendry 184 & Date signed 2 - 8 - 47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

A15



A15 SA correctinge

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



1 2 HOUAL DECIDENCE (LICAME) OF DECEASED

02104

CERTIFICATE OF DEATH

Reg. Diat. No. 339

County	City or town (If outside city or town limits, write RURAL and give nearest town) Sizel No (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color) race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole Cal mania.	20. DATE OF DEATH Feb 25 19 47 at 4, PM
6.(b) Name of husband or wife Sulface	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from 19. 47, to Feb 25, 19. 47, and that I last saw h. J. 62, alive on Feb.
deceased (mo., day, yr.) /8 6 5	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
820 0 min.	Lobar PREUMONIA 9 Day
9. 8irthplace (Town, county and state)	Due to
1D. Usual occupation Wasters.	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name John Lynn by our	Major findings of operations
15. 8irthplace Salio hury mo	Date of op.
18. Informant The Deploy	Autopsy results
Address / L. Locko Cr. Millollery 1710	22. V10LENCE: If death was due to external causes, fill in the tolkowing;
(Burial, cremation, or removal, Which?) (month) (day)/(year)	Accident, suicide, or homicide
Cemetery or crematory Devetore Cero.	Whers did Injury occur?
Location Dalealury Took	Injured at home, farm, industry, public place (where?)
of the grant forces	Means of injury injured all work?
18. Funeral director	Will Ma CTA
Address Dales levery, or rig.	23 STONATURE ASSAULT NOWNE S. M. D. or others
19. 3/1 19 17. 18 asagel 050	Thursday / Ly fury Md. Bale stoned 42-8/4

MAR 4 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-8

CERTIFICATE OF DEATH

or Dist. No. 3330

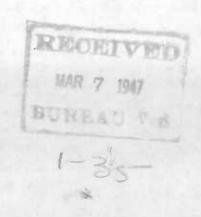
1	CLRITICAL	Reg. Diat. No.	
	1. PLACE OF DEATH: \ ,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	County.		
	City or town	Variable Dispin	0
	How long In above place of death?	Cily or town	ve mearest town)
	Hospital, Institution, or street address where death occurred:	Street No. Dan Lasa	2
	Plansula Laure Toffee	(If rural, give LOCATION)	
	How long in hospital or institution?	2.(a) If veteran, name war	V
	3. (a) FULL NAME	3. (b) Social Secu	urity Number
	James Edward & onou	221-10.	-7078
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1
	orgale while married	20. DATE OF DEATH Feetmany 28 197	17.6A.
	6.(b) Name of husband or wife Toyalle M. Donocean	21. LCERTIFY that death occurred on the are above stated; that I attended	d deceased from 47
		gretmany 2 154 for tet	₩ A 19 /
	7. Birth date of deceased (mo., day, yr.) Quely 2,0,189	and that I last saw h. W. Calive on	19 7
	8. AGE: Years Months Days It less than one day	Immediair cause of death	DURATION DURATION
	H8 7 8hrsmin.	Hemoryage & Aller	4. 38 laur
	9. Birtholoce Leages Country, Dolowase	Due Io.	
	(Town, county, and state)		
	10. Usual occupation	Due to	
	11. Industry or business farming Hackshy	J.	
	12. Name James Doorgoon	Other condition Sulmonary abscesses	
	12. Name James Donges Suggest Sounty Dolaware	Rh tourting of Bilian In	et
		(Include pregnapcy within 3 months of death)	349
	14. Maiden name Delle Wheles	Major fiedings of operations was remained week	win
	E 15. Birthplace sussef boundy, volumese	Hemorrhage from Manesealie, Batefol OD,	ALL 11, 174
	16. Interment In 20 1 Joyalle Sy Donaca	Actorsy results See abtac.	
	Lend o Lord	PHYSICIAN: Please underline the cause to which death should be che	arged statistically.
	Address Seaford Delaware, Mittel	22. VIOLENCE: If death was due to external causes, fill in the following;	
	(Burial, cremation, or removal, Which?) Bate fhereof	Machaetta anietaci or manniore	
	Cemetery or crematory.	Where did injury occur?(City or town) (County)	(State)
П	Location Eldonato Sand 1	Injured at home, farm, Industry, public place (where?)	
1	a. a. far pt + &	Moans of Injury A Injured at work	?
	Address Leolerals our man	Sanid & Gil	In a
	- 101000	23. SIGNATURE	V D-or other
	19. Date is d by Rise of 19 Tr. Charles at the Registrar	Address 30 / N. Dinipion Dates	gned 28194

PLEASE WRITE PLAINLY, WITH UNITY DING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

MARGIN

VS A15,



BINDING

FOR

ARGIN RESERVED



PLEASE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8370

02107 Reg. Dist. No. 338

	CERTIFICATE	(OF	DEATH
Nicomic	2.	. 1		L RESIDENCE (HO

Ounty	2. USUAL RESIDENCE (HOME) OF DEGEASED: (For newbyrn infants give residence of mother) State	
ow long in hospital or institution?	2.(a) It veteran, name war	
(a) FULL NAME	3. (b) Social Security Number	

allen Willen &	Inden
4. Sex S. Color Prace 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH FILE. 1997
6.(6) Name of husband or wife Lettic Oryde 6.(7) Wallve, give age Oea Gears	21. I CERTIFY that death occurred on the date above stated; that I altended discassed from
7. Birth date of deceased (mo., day, yr.) Nov. 5 4 1867	and that I tast saw harmanily on 19.4
8. AGE: Years Months Days If less than one day	Due to Sessicity
1D. Usual occupation.	Dus to
11. Industry or business) 12. Name / 12. Name / 12. Name / 13. Birtholace RD # 4. Saluty / md	Other conditions
14. Maiden name Elmina Mepsies	(Include pregnancy within 8 months of death)
15. Birthpiace Somuet Co. Marylan	Date of op.
18 marion S. Presond	Antoney results

pegistrar)

(City or town)

22. VIOLENCE: It death was due to external causes, till in the tollowing;

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?) ...

Where did Injury occur?

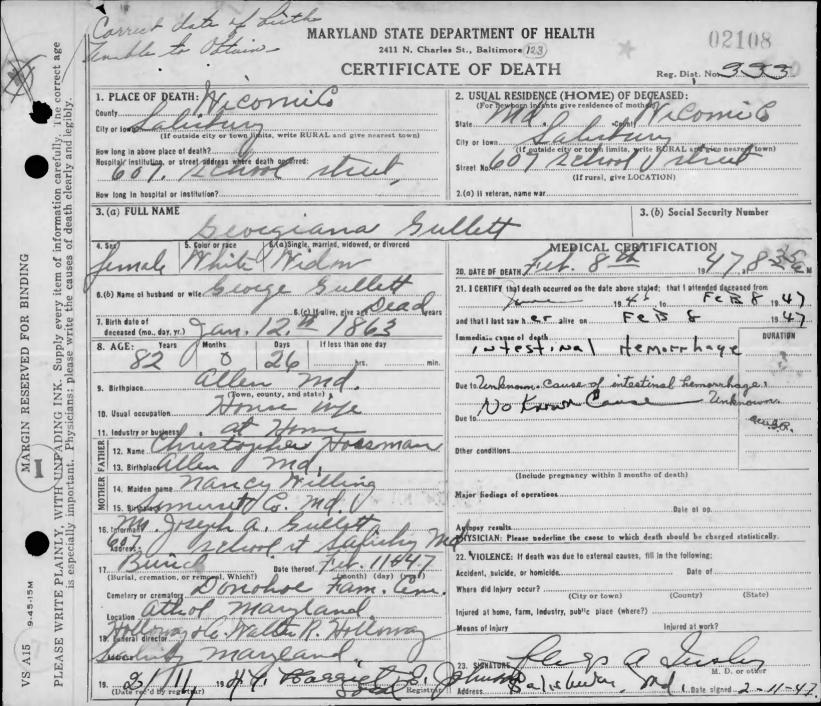
Means of Injury

Injured at work?

(State)

POYSICIAN: Please underline the cause to which death should be charged statistically.







2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

02109

		939
Reg.	Diat.	No. 3.3.3

1. PLACE OF DEATH: Win	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motors)
County DATE	March & Much
City or town	State County County
17 1/1200	City or town
How long in above place of death?	(If outside city or town limits, write BURAL and give hearest town)
How long in above place of death?	Street No.
J.B. Hughlas	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Villeran G. Harris	Mont
4.5% S. Color opyace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Themale White Widowed	20. DATE OF DEATH. ORCHESTAGE 9 19 47, 21 4 A M
Robins N. Klaris	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	7-el- 4 1047 po Foli- 9 10 41
7. Birth date of 3 - 10 3	and that I last saw he had slive on Feb. 9. 1949.
1. Birth date of deceased (mo., day, m. 2001, 3 - 1882	Immediato cayte of death DURATION
8. AGE: Years Months Days tf less than one day	Tolar memaania: 3 days.
65 0 16nrs.	
8. Birthplace Allomobe My Manuel My.	Due to.
(Town, county, and state)	***************************************
10. Usual occupation	Due to
11. Industry or business / Gwn Heral	DUE LU.
a leaner & Mills Solician	
12. Name	Other conditions.
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Lymania filement	Major findings of operations
5	
El 15. 8irthplace	Date of op.
18. Informant	Autopsy results
Address Ulmbridge. mg	
1347	22. VIOLENCE: If death was due to external causes, fill in the following:
(Horisi cremation, or response). Which?) Batchhereoti. (month) (dgs) (year)	Accident, suicide, or homicide
Lemetery or crematory. A. M.	Where did injury occur? (City or town) (County) (State)
Who he still my	Injured al home, farm, industry, public place (where?)
Location HOLD THE CONTRACT OF	Means of injury
18. Funeral director	12.0010
Address Show XIIII MA	Traine of Nouveline Wall
ANDIESS AND A COLO	23. SIONATURE M. Dor other
13. di 11 19 d'Is Haggest & Oh	Address Locomos City Date signed 2-10-49
(Data registrar) (Registrar)	Address

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15 9-45-15M

VS A15



BINDING

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 940)

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: N. Come C	2. USUAL RESIDENCE (HOME) OF DECLASED:
County	(For newborn infarts give residence of mother leaves
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	City or town
Hospital Institution or street address where death occurred:	Street No. 17 N II Z
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
	Woopes
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 47 1/10
an Home	20, DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. alive on Tel. 23 194)
deceased (mo., day, yr.) NULE, 3 4 1861	Immediaje Cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronary Occusion
60 2 22 min	
9. Birthplace	Due to
10. Usual occupation. Patrul Engeneer	
11. Industry or business B+O-RR Co.	Due to
12. Name Come Dail Horne	Dther conditions.
12. Name Come Dang Hornes	
14. Maller name Mary Pussell	(Include pregnancy within 8 months of death)
14. Malifen name Mary Pursue	Major findings of operations.
Mr. 16 Me Henre	Date of op.
16. Information B.D. # 2 Male Le Mind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address & No H & . Saluty May	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or rehoval, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crimatory Nicomile Mum. Park	Where did Injury occur?
Location Salisbury maryland	Injured at home, farm, industry, public place (where?)
Hellowalt G. Well- 17 Jell	Means of Injury Injured at work?
18. / weers orrestor.	2
Address dufy may and	To SIGNATURE William D. Fray hit
19. B/B/1 19 A/1 Hadres En D	huda Jalishur hud M. D. or other 2/25/47
(Daty rec'd by registrar)	Address Date signed Date signed



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3331

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
mildred martha Horner	3. (b) Social Security Number
Jende Solor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sheer and 8 19 47 at 605 P. N
6.(b) Name of husband or wife Earl Russel Horner 7. Birth date of Osy 5.(c) If alive, give age 3. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 1.6. to Feb. 8. 19.4.7. and that I last saw h. 22. alive on Feb. 9. 19.4.7.
8. AGE: Years Months Days If less than one day 3 22hrsmin.	Immedial canagof death Embolus 5 min
9. Birthplace	Due to.
11. Industry or business 12. Name Unknown 13. Birthplace Unknown	Other conditions Itypes Thyroidim 2
14. Maiden name hadrotha Unknown ,	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Husband . Address Bruslue hd .	Antopsy results
17 Burtal, cremation, or removed Which?) Date thereof Definition (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory August Mall Security Location Security Security Security	Where did injury occur?
18. Funeral director Carrey Melleaucore Address Serveloleres - Md	Means of Injury Injured et work?
19. 2/1/ 19 HY Hagrie & 1. D.	M. D. or other



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(12112 Reg. Diat. No. 337

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
county Wicomics	State Maryland County Wicomico
City or fown	1
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John R. Hull	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male aa married	20. DATE DE DEATH 2 - 22 19.47 at 2 A
8. (b) Name of husband or wife Irane C. Hull	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
6.(c) II alive, give ageyears	1-22 1947 10 2-22 1947
7. Birth date of	and that I last saw h Lors alive on
deceased (mo., day, yr.) 3 - 20 - 1868 8. AGE: Years Months Days If less than one day	Immediate cause of death
78 11 2hrsmin.	1 / dago
9. Birthplace W styguin . Wicomico Co. Md	Due to Alexander
10. Usual occupation Farmer	11 the section of
11. industry or business Own business	Due to f. S.
# 12. Name Sidney Hull	Dither conditions.
	(Include pregnancy within 3 months of death)
14. Malden name Many Horsey 15. Birthplace Wetypanin Maryland	Major findings of operations
El 15. Birthplace Wetypour Maryland	Date of op.
16. Informant Mrs. Rachel Whittington	Autopsy results.
Address Watisanin Maryland	PHYSICIAN: Please underline the cause to which death should be charged stalistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory Family Cemetery	Where did injury occur?
Location Watysquisa Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director James 7. Slewart	Means of Injury Injured at work?
Address 402 E. Church St. Salsbury Md	& a turnell
The state of the s	23. SIGNATURE
19. 11. 25 19.47 William Registrar	1 Story Story Resound 7-24-4:



2 - 35-

T-I	7
RESERVED	Sup
RESE	NA
MARGIN	WITH UNFADING INK
	WITH
	AINIA
9.45-15M	SE WRITE PLAINLY
تت ه /	SEW

Evidence for the date of cremation is shown on G 109 3/10/47	MARYLAND STATE DEP
	CERTIFICATI

ARTMENT OF HEALTH

St., Baltimore /600)

Reg. Diat. No. 3330

E OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)
	State Karyland County Newsmers
	City or town
	Street No.
l	(If rural, give LOCATION)

3.	(a)	FULL	NAME	

How long in above place of death?..

How long in hospital or institution?...

JESTER

Hoppital, Institution, or street address where death occurred:

Female	white	0.(0)01112	ic, mained, middled, or directed
6,(b) Name of husbar	nd or wite		(a) Id allow dive and
7. Birth date of deceased (mo., day	(, yr.) James		(c) If alive, give age
8. AGE: Yes	ars Months	Days	Alf less than one day
		6	hrsmi
9. BirthplaceS.(conty, and	rangland state)
11. Industry or busin	ess		
12. Name	Ilson (nee	Taylor
14. Maiden nam 15. Birthplace	anin	am	ae fester

4	(Include plegnancy with
	Autopsy results
(year)	22. VfOLENCE: If death was due to extern Accident, suicide, or homicide
Koy	(City or to
V	tnjured at home, farm, Industry, pub ⁽¹⁾ c plan Means of injury

.(a) II veteran, name war	••••••		
	3. (b) Sec	ial Security Num	ber
MED 0. DATE OF DEATH(6)6	Pel '	TION	140
U. DATE OF DEATH		19	4
1. I CERTIFY that death occurred of the state of the stat	on the date above stated; that	attended deceased i	19.4.7
mmediain cause of death	al pueumo	uia .	DURATION 3 days
ue to			
ue to		****	9
ther conditions Intra-	Crawal here	unrlinge	4 hou

CIAN: Please underline the cause to which death should be charged statistically.

OLENCE: If death was due to external causes, fill in the following; t. suicide, or homicide.....

Mid Injury occur?

(City or town)

at home, farm, Industry, public place (where?)

of injury Injured at work?

18. Funeral director ...

(Burial, cremation, or removal, Which?)

Address

Date thereof....



CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 9200

100
7

9401

OEICE II IOIII	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State
3. (a) FULL NAME 1. Somo or race 1. Solor or race 1. Solor or race 1. Manuel 1. Man	3. (b) Social Security Number MEDICAL CERTIFICATION
8. (b) Name of husband or wife M	20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I altended deceased from 19. #6. 10. Tell. and that I last faw h & alive on Immedia: cause of death DURATION
8. Birthplace Dalidure Wiscomiles wymb 10. Usual occupation. 11. Industry or business 12. Name Laws L. Washbury 13. Birthplace Wiscomics w, Md	Due to Endocardites 2 yrs Biher conditions
14. Maiden name Bertha M. Turlds 15. Birthplace Wiscomies Cir, And Address Salisburg, And	(Include pregnancy within 8 months of death) Major findings of aperations Date of op. Autapsy results. PHYSICIAN: Please widerline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
11. (Barial, cremation, or removal, Which?) Cemetery or crematory. Location. 18. Funeral director.	Accident, suicide, or homicide
19. Lot of 19 4 K Change of the Registrar	23. SIGNATURE M. D. M. D. Address Salisberty Date signed 14-4

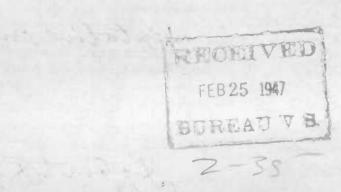
IARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrective especially important, Physicians: please write the causes of death clearly and legibly.

AH

SA

PLEASE



Sur Consultation of the same

at water at the second

9.45.1EM

VS A15

V	ARVI	AND	STATE	DEPARTMENT	OF	HEALTE	4
Ŧ1	ARIL	AITI	SIAIL	DEFAMILUES	S.F.L.		

2411 N. Charles St., Baltimore 9200

02115

CERTIFICATE OF DEATH

Reg. Diat. No. 3330

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother) State.Maryland. City or town
William Arthur Kennerly 4. Sex 5. Color or race 6.(a) Single, married, wildowed, ordivorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH
6.(b) Name of husband or wife. Flonence E. Kemmerly 6.(c) If alive, give age 7.0. years 7. Birth date of deceased (no., day, yr.) May 16 1874	21. I CERTIFY that death occurred on the date above shaled; that Lattended deceased from 19. to 19
8. AGE: Years Months Days If less than one day	fabricas Hearth mas 2 y - o
72 9 0hrsmin.	
9. Birthplece Accomac Co. Va. (Town, county, and state)	Due to
10. Usual occupationLaundry. Operator.	Due to
11. Industry or business	ff
單 12. Kame James Kennerly	Diher conditions blecarbey burden
13. Birthplace Wicomico, Co Md.	(Include pregnancy within 3 months of death)
14. Malden name Adeline White	Major findings of operations.
15. Sirthplace Wicomico, Co. Md.	Major Endings of operations. Date of op.
16. Informant Mrs. W.A. Kennerly	Antopsy results
Address Salisbury, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof 2/19/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Parsons Cemetery	Where did injury occur?
Location Salisbury, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. The Hill & Johnson Co.	Meens of tnjury Injured at work?
	2/ R man
Address Salisbury, Md.	26. STONATURE M. D. or other
19. Data raid by raisoner) 19 / 1. Basacel Migratura	alis by Trg Date signed 2/17/47



02116

CERTIFICATE OF DEATH

Ine correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Reg. Diat. No. 3. 6.3.

1. PLACE OF DEATH: County Wixomixo		ESIDENCE (HOME) OF DECE.	ASED:		
	State Mo	State manyland county worked			
(If outside city or own limits, write BORAL a	nd give nearest town) City or town	Vocamoke		***************************************	
How long in above place of death?	any	(If outside city or town limits, write H	tURAL and give neares	st town)	
Lenguarde general Maga	etal Street No	(If rural, give LOCATI	(ON)		
How long in hospital or institution?		name war			
3. (a) FULL NAME	2.(0)11 10101811) Social Security Nu		
Lellew, Kathleen		3. (0) Social Security No	zmber	
4. Sex 5. Color or race 6.(a) Single married	widowed, or divorced	MEDICAL CERTIF	ICATION	200	
lenge white Sun	20. DATE OF DEA	Jebruary 7	19.47	9-PM	
1		hat death occurred on the date above stated;		ed trom	
6.(b) Name of husband or wife	15	1 -	- 41	1947	
7. Birth date of 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	give ageyears and that f fast s	4 2.	Percearly.	19.4.7	
deceased (mo., day, yr.)	1 Immediair caus	e of death	0 [OURATION	
8. AGE: Years Months Days It les	s than one day	telectasis left	luce	40 days	
4 4	hrsmin.				
9. Birthplace Salishing Wicon (Town, pounty, and state)	oue to B	roncleopueum	ouia	16 days	
10. Usual occupation. None					
11. Industry or business	Jue 10			•	
D D S N	Other conditions	Malutretion	(lefeture	
12. Name Jessie 2. Life	other conditions	0 . 0	ctiene.	40 days	
	D. The	(Include pregnancy within 8 months of	f death)		
14. Maiden name Vingline M. 15. Birthplace Wangland	Major findings	of operations			
≥ 15. Birthplace walnut	. 0 0 0		Date of op		
16. Interment Mrs. Vergelia M.	Autopsy results	lease underline the cause to which deat	h should be abserted at	tistically	
Address Pocomoke city,	ud.			atiotically.	
17 Burial Date thereof Th-	dr. 9, 1947	: It death was due to external causes, till li			
(Burial, eremation, or removal, Which?)	month, (day) (year)	e, or homicide			
Cemetery or crematory Section	Where did Injury	(City or town)	(County)	(State)	
Ineation Pacomoke eity, -	Injured at home,	, farm, Industry, public place (where?)	***************		
margarette the	Msans of Injury		injured at work?		
18. Funeral director	0	^ '/	- > 0		
Address Cocomobbe City	23. SIGNATURE	auxur	- XI.O	•	
19 2 /9, 19 HY, Hara	ef En Johnson	1 - 1 · MII	M. D. or	-1 1 1/2	
(Date rec'd by regristrar)	Rightstfar Address La	ushery , ldd	Date signed	I. W. T.	



MARGIN RESERVED FOR BINDING

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

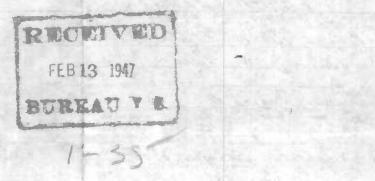
2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Service Control of the Control	-
2	-
Reg Dist No	Same

02117

City or town (if outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn is lants give residence of mother) State
How long in above place of death? 4 Hospital, institution, or street address where death occurred:	City or town
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Laber P. Marchall	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildows or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2 5/4 7 19 91 71/5 A M
6.(b) Name of husband or wife III Massial -	21. I CERTIFY that death accurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) March 8, 186	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Orleans 5 Cletons -
9. Birthplace Villing Millims Min.	Due to
10. Usual occupation. Williams	Due to
12. Rame 13. Birthplace 7. Addies	Dither conditions
14. Maiden name Milital Canadas	(Include pregnancy within 8 months of death) Major findings of operations.
16, Informant They Equa Maushell	Autopsy results
Address 17.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, industry, public place (where?) Means ot injury Injured af work?
Address Address	NE Kullman
19. 2/9/47 19 WHO better	23. SIGNATURE M. D M. D Sther M. D Sther M. D Sther M. D Sther M. Date signed 48/44



VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8800

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Gity or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurged: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Willard J. Massey	
4. Sex 5. Cotor or race White B.(b) Name of husband or wife 6.(a) Single, married, widowed, or divorced Married Married Married Massey	MEDICAL CERTIFICATION 20. DATE OF DEATH
T. Birth date of	and that I last saw helm alive on Fet 24 19.47
deceased (mo., day, yr.) 18/3	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 4 4hrsmin.	Cerebral Themporkage 24 pm
9. Birthplace County, and atate) 10. Usual occupation Rating Town, county, and atate)	Due to
11. Industry or business 12. Name 13. Birthplace	Dither conditions
14. Maiden name Omia Covington 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
≥1 15. Birthplace	Date of op
18. Informant	Autopsy results
Address Sharkbour 2-27-1947 [Burial, cremation, or remayar Which?] Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the foilowing; Accident, suicide, or homicide
Cemetery or crematory tremans	Where dld injury occur?
Location Sharptoure	Injured at home, farm, industry, public place (where?)
18. Funeral director Gravelor Bros	Means of injury injured at work?
Address Shardlown Ma.	165 Mullenan
19.2-27 1947 Waltin 4. Mann	23. SIGNATURE M. D. arother M.

FECHI PE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

WRITE

PLEASE

VS A15

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02119

CERTIFICATE OF DEATH

r. Dist. No. 333

K	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wich miles	State Maryland County Caroline
City or town (If outside eity or town limit, write RURAL and give nearest town)	City or town Federalsburg - Rural
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Sempola Sunal Dospita	Street No. Mear american Corner (If rural, give LOCATION)
How long in hospital or institution? 2 days	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
milliann Relycea	Louise None
4. Sex 5. Color or race 6 (2) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lessale white single	20. DATE OF DEATH 3el-24 1947 at 10 a
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	22 7eb- 1947 10 24 7eb- 194/
7. Sirth date of deceased (mo day, yr.) Jecember 21, 1946	and that I last saw h 21 alive on 24 + 21 - 19.41
deceased (mo., day, yr.) december 11, 1746 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
2 3 hrs. min.	Bil atteral queumonitis I week
9. Birthplace. Preston Maryand R. 70. (Town, county, and state)	Due 1a
10. Usual occupation	Programme de la companya del companya de la companya del companya de la companya
11, industry or business	Jue to
12. Name Horman E. Nieligan	Other condition Bilateral partial pul- I week
12. Name Morman E. Milligan 13. Birthplace Hulork, Maryland R.F.D.	-monary atelectasis (2) Malnutros, Iwees
# 14 Maiden name Mabel a. Seelers	(Include pregnency within 8 months of deeth)
14. Maiden name Mabel a. Seeders 15. Birthplace Caroline County Maryfood	Major findings of operations.
ZI E Wice.	Autopsy results. LOVE
7 1 2 0 7 1	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Audicas	22. VIOLENCE: If death was due to external causes, till in the following:
17 Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hashington Canaday	Where did injury occur?
Location Hear Heurlock Marylands	Injured at home, tarm, industry, public place (where?)
1.7 1+ (2)	Means of Injury Injured at work?
18. Funeral director of transform to the Address Tedesals true Manyland	
Address tedhalsburg, Maryland	23 SIGNATURE CECREES, M.W.
19. O & 6 19 4 () Haggistra	Address Salistury Modate signed 25 7ek.
The state of the s	



It less than one day

2 - 28- 47

(month) (day) (year)

ARTMENT OF HEALTH	()	2120
St., Baltimore (934)		, /
E OF DEATH	Reg. Diat. No.	3/0
2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	OF DECEASED:	
0 . 1	ounty Muldmil	4
St. T.	o Do-el	•
City or town (If outside city or town limit	its, write RURAL and give near	est town)
Street No.		
(If rura), giv	re LOCATION) 22a	
2.(a) If veteran, name war		
	3. (b) Social Security N	umber
	220	
MEDICAL O	CERTIFICATION	
July 1	. / 76 . 47	1.214
20. DATE OF DEATH TIENCE	24 1947	at ./
21. I CERTIFY that death occurred on the date a	bove stated; that I attended deceas	ed from
21. I CERTIFY that death occurred on the date a full street of the stree	(4) to the	19.4.7
and that I last saw h Rel allve on	much 43	19.4.7
Y THE STATE OF THE		DURATION
Colle volue M	yozardet 2	
	6	***************************************
Due to		***************************************
Due to		
Other conditions arteurs 1	cle was	
William Conditions		
(Include pregnancy within	months of death)	
Major findings of operations		
	Date of op	
Autopsy results	***************************************	
PHYSICIAN: Please underline the cause to	which death should be charged st	atistically.
22. VIOLENCE: If death was due to external c	auses, fill in the following:	

information carefully of death clearly and of causes item te Supply ease Physicians: WITH UNI especially PLAINLY WRITE PLEASE

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

How long in above place of death? ... Am

How long in hospital or institution? 3. (a) FULL NAME

deceased (mo., day, yr.) afraul

Years

79

9. Birthplace Advantala

(Burial, cremation, or removal, Which?)

Hospital, Institution, or street address where death occurred:

5. Color or race

County.....

4. Sex

7. Birth date of

8. AGE:

ahou

10. Usual occupation. 11. Industry or business 12. Name

13. Birthplace

15. Birthplace

14. Maiden name

Cemetery or crematory

legibly

VS A15

(Date rec'd by registrar) Registrar

(Town, county, and atate)

Date thereof.

23. SIGNATURE.

Injured at home, tarm, industry, public place (where?)

Accident, suicide, or homicide.....

Where dld Injury occur?

Meens of Injury

(City or town)

(State)

(County)

Injured at work?

Riv. MAR 25 1947 BUREAU

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

02121 Reg. Dist. No. 3384

1. I LACE OF PERMIT.	(For newborn infants give residence of mother)
County Wilcomico	State Delaware. County Susgex
(If outside city or town limits, write RURAL and give nearest bowh)	
How long in above place of death?	City or towa
Hospital, institution, or street address where death occurred:	
Peninsula general Hospital	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mitchell, mrThomas.	Succes
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mit-	
male. Mute Widower	20. DATE OF DEATH. 2/3 1947 at 5:36 April
8.(b) Name of husband or wife Ella Daca Mitchess	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	1/23 1947 10 2/3 1947
6.(c) If alive, give age years	and that I last saw holdow alive on 2/3
7. Birth date of deceased (mo., day, yr.) 3/17-1868	
8. AGE: Years Months Days If less than one day	Immediais cause of death
o. AGL.	Myocarolla
78. // /hrs, /min.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to.
11. Industry or business	
E 12. Name Messeare Metalessel	Other conditions
13. Birthplace Deleverer	(Include pregnancy within 3 months of death)
# 14. Maiden name Mary & Mitchell	(Include pregnancy within 3 months of death)
14. Maiden name Mary & Metcheel 15. Birthplace & Delseval.	Major findings of operatious.
E 15. Birthplace (Lelseval.	Date of op.
18 Informant Except m Metaleed	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Zoelle Delevan	22. VIOLENCE: It death was due to external causes, till in the following;
17. Date thereol 2/5 44 7 (Burial, cremation, or removal, Which?) Date thereol (month) (day) (year)	
17 Date thereol (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lldd Releases Consisting	Where did injury occur?
	Injured at home, tarm, industry, public place (where?)
Location Lacred Delawace	
18. Funeral director & Karriery Millianies and	Means of injury Injured at work?
	Tal/11 no. 11.
Address Designalo Ceses Md	23. SIGNATURE TO JUNE MILLIAM MILL
1 81 15- WY tentgiet & John	M.D. or other
19. Bo (Date red by registrar) 19 11. Hotseef & Black	Address called with Man Date signed 45/47

ARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH-WIFADING INK. Supply every item of information carefully. The constraint is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

correct age



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH KICONIC	2. USUAL RESIDENCE (HOME) OF DEEASED: (For newborn infants give residence of market
County	YVIA D. H. Crowells
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 9/5. Name 1/ street
7/5.70000 /0000	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Handy Nuckeus	on land
4. Sex 5. Color or the 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Kidner	Tet. 2221 473 a.
West: Pena nicken	20. DATE OF DEATH
6.(b) Name of husband or wife	19.4.7
7. Birth date of Man Parks	and that I last saw h
deceased (mo., day, yr.) March 12 1872	
8. AGE: Years Months Days If less than one day	Immediate cause of death
74 // 2/hrsmin.	The state of the s
Pitterille Marrhand	Due to.
9. Birthplace(Town, county, and state)	Due 10
1D. Usual occupation # Dine	Due to.
11. industry or business	DUE 10.
12 Hame Herry Mickey	Other conditions Dealistic Sampenes Atroots
12. Name Herry Michelle Maylan	
	(Include pregnancy within 8 months of desth)
14. Malden Lennina Bround 15. Birthplace Pettsville Maryland	Major findings of operations.
E 15. Birthplace	Date of op.
18. information. Error McReshow	Antapay results.
Addres 204. Ni Comilo of . Salutury 18	PITSICIAN: Please underline the cause to which desth should be charged statistically.
. Busice 711/24-1/94	32. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremstion, or remotal Which?)	Accident, suicide, or homicide
Cemetery or crematory March Clurch Com	Where did injury occur?
lesseller Saluty Maryland	Injured at home, farm, industry, public place (where?)
Hellowa + C North P 7460	Means of Injury Injured at work?
18. Vuneral Bregor	
malufy nuigund	23. SIGNATURE COlona J. Frisker rusa
0/6/1 1NG Son Ad (6)	M. D. or other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN

PLEASE

VS A15



2411 N. Charles St., Baltimore (83-0)

02123

CERTIFICATE OF DEATH

			-	-	10 1
			1	54.	50
D	Di-A	BI.	~/=		

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn in lants give residence of mother) State
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ellen C. Orvers	3. (b) Social Security Number
4. Sex J 5. Color or ace 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH MEDICAL CERTIFICATION 1949 21/0 P M
6.(b) Name of husband or wife Deorge 6. Owens 6.(c) If alive, give age 81 year	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Bays If less than one day	n. Cerebral Themorrage Vyears
9. Birthplace (Town, county, and state)	Due to
11. Industry or business (Oue to
12. Name	Other conditions
14. Maiden name. France & Stright 15. Birthpiace Mod	(Include pregnancy within 3 months of death) Major fludings of operations
≥ 15. Birthplace	
16. Informani Sarquel St. Owens	Autopsy results
Address Dharptoure 2 16 194	7 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, as removal, Which?) (Burlal, cremation, as removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director pradonor Boss	Means of Injury Injured at work?
Address Sharptour	23. SIGNATURE 5 5. Luhlman
19. 7 t 15 1947 Wallin & mann Registrar)	Address Thurp woon mo Bate signed 4 5/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the eauses of death clearly and legible

MARGIN RESERVED FOR BINDING

ect age

9-45-15M

VS AI5

RECEIVES FEB 18 1947 BUREAU V.S. 1-35

	WITH
	PLAINLY, is especially
9-45-15M	Pref 01
o CIN CA	PLEASE WRITE
>	PI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 24

02121

CERTIFICAT	ΓΕ OF DEATH Reg. Diat. No. 3.83	0
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, Institution, or street address where death occurred: How long In hospital or Institution?	2. USUAL RESIDENCE HOME) OF DECEASED: (For newborn infant give residence of mother) State	
3. (a) FULL NAME Walter M. Ower		
4. Ses S. Color or ace 8.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH FILE 17 19 47 21 120	A. 1
6.(b) Name of husband or wite	and that I last saw h April alive on	ファ
8. AGE: Years Months Days If less than one day 12 hrs. min. 9. Birlhplace (Town, egonty, and state)	Due to. Duration Duration Duration Due to. Duration Duration	2
10. Usual occupation.	Due to.	
11. Industry or business of the land of th	Dither conditions.	
14. Maiden name Hettin ann adfain 15. Birthplactica Sum Hill Med,	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.	
Addrestruttand maryland	Actorsy results	
17. But 19-194 (Burial, cremation, or removal Which?)	Accident, suicide, or homicide	
Location Linear Corpus My	Where did Injury occur?	
18. Eneral discourse of to Walter R. Hollon	Maaps of Injury Injured at work?	1

gistrar | Address



2411 N. Charles St., Baltimore

02125

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wicomico	(For newborn infants give residence of mother)
City or town Salisbury Route # 3	State Maryland county Wicomia
(If outside city or town limits, write RORAL and give hearest town)	City or town
How long in above place of death?	
Salusbury Route # 3 Zeon Rd	Streel No
How long in hospital or institution?	2.(u) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Nu
Warme alwarder Price	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male aa Infant	20, DATE OF DEATH. 2-20- 19 4.7 2
That was said	20. DATE OF DEATH
8.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended decease.
B.(c) If alive, give age	ears and that I last saw h. Mar. allve An 27/9-47
7. Dirth date of deceased (mo., day, yr.) 2 - 16 - 47	AT. I at a second
8. AGE: Years Months Days It less than one day	Immediate cause of death MANGELLAND
hrs	nin.
del in Camara D	Tonder developed for our to
9. Birthplace Wicomics Co. Maryland (Town, county, and state)	Due to trader developed Keoperatory
10. Usual occupation	Duo le
11, Industry or business none	000 10
E 12 Name Marion E. Price	Dther conditions
13. Birthplace Occomac Virginia	
(11 ()	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
15. Birthplace Salisbury moryland	Date of op
18. interment Marion E. Obrice	Antopsy results.
Address Salabin Md. Route # 3.	PHYSICIAN: Please underline the cause to which death should be charged sta
2 21-42	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Glass Hel	Where did injury occur?
Location Parsonalura, md	tnjured at home, farm, Industry, public place (where?)
-4 / - 4	Means of injury Injured at work?
	mount of injury
18. Funeral director. James 7. Stewart	-0 ()

MAR X 1947

B TA A T T T

CERTIFICATE OF DEATH

Date signed 2-11-47

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new orn infarty give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Enrily Ru	3. (b) Social Security Number
4. Sex 5. Polor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. FILE. 10 18 47 21 23 35
8. (b) Name of husband or wife 6. (c) If alive give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 28 19.4 C., to Fulreway 19.4.7 and that I last saw h. C., alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Solution of the second of	Immediai-cause al death Farlue. Dyration
9. Birthplace	Due 10. attenioralersia ?
11. Industry or busines at Home	Due to. Searling
12. Name Man Cana 13. Birthplace Whiten manyland	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Sallin Jones. 15. Birthplace Whitm maryland,	Major findings of operations. Date of op.
Address 423 E. Welliam it, Sality 1	Autopy results
17. Burial, cremstion, or removal Which? Date thereof # (Month) (day) (1997)	VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Sultan Maryland.	Where did injury occur?
18. Fungal director Malet P. Hollows	Marks of Injury Injured at work? P 23. SIGNATURE P 23. SIGNATURE
19. 2 / 2 / 19 d / Kagge to Sh	Address Salubum, had bate signed 2-11-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case wite the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15 SA

FEB 15 1947
DUREAU V.B.

1-35

2411 N. Charles St., Baltimore

02127

CERTIFICATE OF DEATH

Reg. Dist. No. 3330

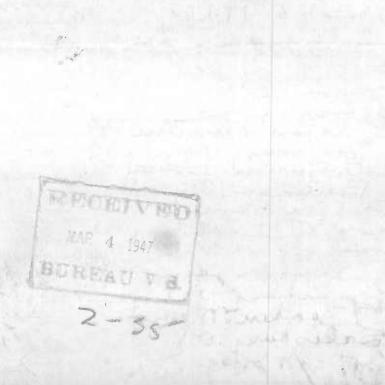
	Tog. Plate 1701.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give, residence of mother)
County. Personal Dod	State Maryland County Wraining Co
City or town	Shelishung m.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of street audiess where death southers.	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Demons, Gwendo,	79
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jamele Col Jangle	20. DATE DF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that, attended deceased from
	s all the contract of
deceased (mo., day, yr.) 3eb 6. 1747.	and that I last saw 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day	acity Premanto Quelle
hrsmin	
9. Birthplace (Town, county ad state)	. Due to
Samo ()	
10. Usual occupation	Due to
	Dither conditions.
12. Name Julian Slamons 13. Birthplace Salishung mo	
# 14 Maiden name Cathering Jacley	(Include pregnancy within 3 months of death)
14. Maiden name Catherine Darlay 15. Birthplace Ballynine, City prod	Major fiediogs of operations.
Full Cons. Standards	Actorsy results.
18. Informant 22 H 301 St. Salakin m	PHYSICIAN: Please ooderline the cause to which death shootd be charged statistically.
B 125/ ANY	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location Jales been mid.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Tookerson west	Means of injury Injured at work?
Address Salis lung ml.	Ilipate mad garman
9./9.1- NY Agan R. O.	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Dalushy Mid Date signed 2/2 4/

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVE

PLAINLY, is especially

PLEASE WRITE

SA



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49

CERTIFICATE OF DEATH

02128 Reg. Diat. No. 3350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	m d Mara
Cliy or town	State Gounty
How long in above place of death? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Horence & Sliving	Ski 3. (b) Social Security Number
4. Sex 5. Color or lace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I White married	20. DATE OF DEATH
Olone den Alivana	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	11/ 15/) to 2 - 4 19 47
7. Birth dale of 5.(c) If alive, give age 32 years	and that I/ast saw h
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	
34 6 6hrsmin.	Carcinany g cory men
9. Birtholace Malestone Nor Md	Due to.
(Town, county, and state)	Carennatores
10. Usual occupation.	Due to
11. industry or business	
12. Name Herman C. Henry 13. Birthplace Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Maggie Duru 15. Birthplace	(Include pregnancy within 3 months of death)
E se state land	Major findings of operations.
2 (15, Byrimpiace	Date of op.
16, Informant	Autopsy results
Address Outstyllow MA	22. VIOLENCE: If death was due to external causes, till in the following:
17 Dural Date thereof 7 1947 (Burlal, cramation or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
7.20	
Cemetery or crematory	Where did injury occur?
Location Charptonic IV	injured at home, farm, industry, public place (where?)
18. Funeral director Grane 13758	Means of Injury Injured at work?
Address Sharptown, Md.	Clause M Moe 2
	23. SIGHATURE
19. 2-7 19.47) Walle & many	Address from the Bate signed 2/1:

FEB 11 1947

BUREAU V.B.

1-35

DURATION



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore Bi-

021303360

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Couniy // Morries	(For newborn infants give residence of mother)
City or fown. Delicated City or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred:	908 (73 % ()
208 State St	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veieran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Parile alex 81	0.1
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	
Male White spanned	20. DATE OF DEATH LEG 21 19 47 21 4304
Sulu # Stanely	21. I CERTIFY that death occurred on the date above stated; that aftended deceased from
6.(6) Name of husband or wife	Red: 1 1947 10 776 7 1 1948
7. Sirth date of	and that I last saw h. A allye on 4. 20. 20
deceased (mo., day, yr.)	Immediate cause of death Promise Come DURATION
8. AGE: Years Months Days if less than one day	Immediate cause of death 3 day
71hrsmin.	
Q # D	Men - heller to have
9. Birthpiace Town, county, and atate)	Due to. On the last of the las
N - G A	
1D. Usual occupation.	Due to more for carelles 332
11. Industry or business	
# 12. Name	Other conditions
12. Rame	
× / / / /	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Unforman	Date of op.
16. Informant File 7. Spangely	Antopsy results
10.0 1/10.01	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Address Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide
los desired	Where did Injury occur?
Cemelery or erematory	
Location	Injured at home, farm, Industry, public place (where?)
19. Funeral director . S. Sarvel Co	Msans of injury Injured at work?
1000 - 101	175 P
Address Address	23. SIGNATURE M. D. or other
10th 22 1947 Harry & Dudas	
(Date rec'd by registrar) Registrar	Address / Jehnny / dry Date signed 20/2-254)



CERTIFICATE OF DEATH

Reg. Diat.	No. 35	330

1. PLACE OF DE	ATH: Wicomico		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED: f mother)	
County			State Maryland Co		
		mits, write RURAL and give nearest town)			
How long in above place	of death?	7 years	City or town Saltsbur (If outside city or town limi 214 New	ts write RURAL and give n	earest town)
Hospital, institution, or	street address where	death occurred: 1 Hospital	Street Ro		
7 6117119	ara denera.	lavs		re LOCATION)	
How tong in hospital o	r Institution? 6 (2.(a) If veteran, name war		
3. (a) FULL NAM				3. (b) Social Securit	y Number
4. Sex	Maj	rtha Ann Taylor 1 6.(a) Single, married, Widowed, or divorced	MEDICAL C	CERTIFICATION	
female	white	widowed	2D. DATE OF DEATH	0, 20, 1947	atl T IOA.M
8.(b) Name of husband 7. Birth date of deceased (mo., day,		moup Re Taylor your 16, 1864.	ears and that I tast saw h	47,10 Fel 9	19#7
8. AGE: Year	s Months	Days If less than one day	_		00000000
82	4	4hrs.	min. Cochaf Hers		today
	(Town,	e Test Va. county, and state)			
			Due to	·····	
11. Industry or busines	Elijas	Huffman	Dther conditions Felle skees !	NZ.	6de
13. Birthplace	West, V	la,		falls couler.	
Maiden name	Sarah Eliz	abeth Taylor			
14. Maiden name 15. Birthplace	West. Va		Major findings of operations		
16 Informant	Mrs Ether	Taylor Winfee	Antonay results	**************************************	
Address I25	Dover St.	Salisbury, Md.	PHYSICIAN: Please underline the cause to		ed statistically.
17Bur (Burial, cremation	ial n, or removal. Which?	Date thereof2/22/47(month) (day) (year)	22. VIOLENCE: If death was due to external c	nt Date of Fee	burg 13, 1947
Cemetery or cremat	ory Parsons	Cemetery	Where did injury occur? Stahange (City or fown) (County)	(State)
Location	Salisbu	ry, Md.	tnjured at home, farm, industry, public place ((where?)	
		& Johnson Co.	Monne of Injury Ocaide to fall	tnjured at work?	lipped materia.
Address	Salisbury		7 23. SIGNATURE	Much	
19	egistray)	1 1 1 1	1. 12 / 1	M. I	D, or other



NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0/



02132

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Uffamigo	200 1 0 1 0 0 0
City or town	City or town
How long in above place of death?	
Plannaila General Hospital	(If rural, give LOCATION)
How long In hospital or Institution? 38 days.	2.(a) If veteran, name war.
JAYLOR, Merrill J.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Where Single	20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	11 January 19 4 10 18, 7 20 19 7
T. Birth daie of	and that I last saw h. M. alive on
8. AGE: Years Moths Days If less than one day	Immediate cause of doubt
1 4 15hrsmin.	metastases personal
	metastases personal personal
9. Birthplace (Town, eounty, and state)	Due to
10. Usual occupation.	
11. Industry or business	Due 10
E 12 Name Sice & Taylor	Other conditions.
13. Birthplace	
# 14. Maiden name D. Corry J. Journal	(Include pregnancy within 3 months of death)
X 15. Birthpiace Crassica ma	Major fiedings of operations. D. Co. P. W. all. 1 Co. 47
	neuroblastonia o chest fill to 16 Sau 11
18. Informant	PHYSICIAN: Please underline/the cause to which death should be charged statistically.
Address Pormole et me	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Oale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Crestates Local	lajured at home, farm, Industry, public place (where?)
18. Funeral director Olomba & Di Vilace	Msahs of Injury Injured at work?
Address 3cb Mari St. Contral	10 0 1 W - 711.10.
19. Jag Jag Gathy E Johnson	23. SIGNATURE M.D. or other M.D. or other Address Lales living, M.d. Bate signed 19 7 Ale. 47

RECEIVED

MAR 27 1947 -

BENTAN A

MARYLAND STATE DEPARTMENT OF HEALTH

	a St., Baltimore 33-0	
CERTIFICAT	E OF DEATH Reg. Diat. No.	133
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For mouthern infights give residence of mother Com	i G
(If outside city or town limits, weite RURAL and give nearest town)	State	
How long In above place of death?	City or town(If outside city operan amits, write RURAL and give free	nest town
Hospital Institution, of street address where death occurred	Street No.	
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME O	3. (b) Social Security	Number
Jelia H. Thoma		
4. Sep 5. Color or 19e 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	7 2301-
Jemaly Mule Marie P	20. DATE DF DEATH TEV. 4 19 19	1 3 - N
8.(b) Name of husband or wife John Thomas	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
6.(c) Mailve, give age 29 years	march 17 1946 10 Feb 4	DA 1947
7. Birth date of 4. 1076	and that I last saw h. La_ative on 2-4-47	19
8. AGE: Years Months Days If less than one day	Immediaje cause of death	DURATION
68 0 0 29hrs. min.	The transmission of the same o	10 min.
Inour 7411 Marula	Explanel Various.	2
9. Birthplace	Due to	
1D. Usual occupation	Bus Hypertensise Cordes	
11. todustry or Majness at Home	Vacila disere	ナ
12. Name Islam Cannon Shot	Dither conditions	
3 13. Birthplateen snow this maryl		
14. Maiden name Sophia Daylor 15 dirtholace Man Inak This Man	(Include pregnancy within 3 months of death)	
\$ 15. Birthplace Regar Small Toll Many	Date of op.	
16. Informant Clarence E. Gravenor	Autopsy results	
Add 856 noway are Richardson Park	HYSIOTAN: Please underline the cause to which death should be charged	statistically.
17 Build Date thereof Feb. 7# 1943	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sutcide, or homicide	
Cemetery of Crematory	Where did injury occur? (City or town) (County)	(State)
Locality alutury, Maryland	Injured at home, farm, Industry, public place (where?)	*******************************
18 Hungan director of the Walte P. Torlow	Means of Injury Injured at work?	
Saluter maryland	Released in	2
9/4/ 1/2 Xes 1 2:800)	28 SIGNATURE M. D.	of other
19. (Date jec'd by rigistrar)	Address Date signed	2-7-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine consequence is especially important. Physicians: please write the causes of death clearly and legiply.

RECTION

FEB 15 1947

BUREAU V &

3-31-

FOR BINDING

1. PLACE OF DEATH:

(Burial, cremation, or removal, Which?

LEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

3. (b) Social Security Number

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (If rural, give LOCATION) 2.(a) It veteran, name war

(If outside city or town li	limits, write RURAL and give nearest town)	*****
How long in above place of death? Hospital, institution, or preet address where	Path occurred	*****
How long in hospital or institution?		
3. (a) FULL NAME		
argument and argument	ner mae	C
Jemale While	8.(a)Single, married, widowed, or divorced	
6.(b) Name of husband or wife240	any a Doing	
		year
T. Birth date of deceased (mo., day, yr. Sept.	20 4 1893) ca
8. AGE: Years Months	Days It less than one day	
33 /	hrs	min
9. Birthplace P.O. # 4 Covn.	Saluty Ind	
10. Usual occupation.	me floge	
11. Industry or business	at Home	
HI 12. Name BO. #4.	Reddie	
13. Birthplace 180. #-4-	Salitury Mi	7
14. Maiden name. Etta 15. Birthplace Wango	C. Denning	
15. Birthplace Nango	maryland	
16. Informatily - Harry a	Jours 1	
Adistrict / today	1 Jenney	6
17 Buns	Bata thereal Feet & 2 -11/9	7

Comus

MEDICAL CERTIFICATION 20. DATE OF DEAT Other conditions. (Include pregnancy with) 3 months of death) Major findings of operations.

PHYSICIAN: Please underline the cause to which death should be charged statistically

VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide. Where did Injury occur? ...

(City or town)

Injured at work?

Injured at home, tarm, Industry, public place (where?)

Means of Injury

23. SIGNATURE

M. D. or othe



VS A15

ect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50)

02135 7310

CERTIFICAT	TE OF DEATH Reg. Diat. No. 2
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infects give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Phyllis Julittea Tor	3. (b) Social Security Number
4. Sex 5. Color or sace 8. (a) Single, married, withowed, or divorces 8. (b) Name of husband or wife 24 Miles E. January	2D. DATE OF DEATH. 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that lattended deceased from 19. 45. to 4.
7. Birth date of deceased (mo., day, yr.) Austl 6, 1876	and that I last saw h. es alive on + 1 ellie els 2 - 19 -)
8. AGE: Years Months Days If less than one day 70 7 28	Due to. Duration Duration Duration Duration Duration
10. Usual occupation	Cua fo
12. Name Sentanum Dradley 13. Birthplace 14. Malden name Selling Julies 15. Birthplace Sharkward Marin	Other conditions
16. Informant Meg. Phul Trynnell	Autopsy results
Address 17. (Burief, cremation, or removal, Which) Cemetery or crematory (San San San San San San San San San San	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Surgery Tild	(City or town) (County) (State) Injured of home, farm, industry, public place (where?) Means of injury Injured of work?
Address 19. Jely 5 19. Jely 5 19. Jely 5 19. Jely 6 19. Jely 6 19. Jely 6 19. Jely 7 19. Jely	23. SIGNATURE William Empires 4



Reg. Dist. No. 333

age WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Olly or town Salisbury (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Maryland County icomico City or town Salisbury, write RURAL and give nearest town) Street No. 801 South Division St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number

. (a) FULL NAME			
	Virgi	nia Ell	len Vincent
. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced
0- 1			
	white		
(b) Name of husband o	r wifeAlfI	ed L. Y	/incent
		6.(c) It alive, give ageyea
. Birth date of			
. AGE: Years	Months	Days	IS61.
85	7		hrsml
00		22	***************************************
. Industry or business			
1. Industry or business			
1. Industry or business	John E. I	ykes	
12. Name	John E. I	ykes Md.	
12. Name	John E. I	ykes Md.	
12. Name	John E. I	ykes Md.	
1. Industry or business 12. Name	John E. I icomico C Ellen Wicomico	ykes o. Md. Pryor Co. Mo	1.
1. Industry or business 12. Name	John E. I icomico C Ellen Wicomico	o. Md. Pryor Co. Mc	l.
1. Industry or business 12. Name	John E. I icomico C Ellen Wicomico J. Morri	o. Md. Pryor Co. Mc	l.
1. Industry or business 12. Name	John E. I icomico C Ellen Wicomico J. Morri Salisbury or removal. Which	o. Md. Pryor Co. Mc. s. Vince	eof. 2/26/47 (month) (day) (year)
1. Industry or business 12. Name	John E. I icomico C Ellen Wicomico J. Morri Salisbury or removal. Which	o. Md. Pryor Co. Mc. s. Vince	l.
1. Industry or business 12. Name	John E. I icomico C Ellen Wicomico J. Morri Salisbury or removal Whiel Parso Salisbu	o. Md. Pryor Co. Mc s Vince , Md. Date their	eof. 2/26/47 (month) (day) (year)
1. Industry or business 12. Name	John E. I icomico C Ellen Wicomico J. Morri Salisbury or removal Whiel Parso Salisbu	o. Md. Pryor Co. Mc s Vince , Md. Date their	ent 2/26/47 (month) (day) (year)
1. Industry or business 12. Name	John E. I icomico C Ellen Wicomico J. Morri Salisbury or removal Whiel Parso Salisbu	o. Md. Pryor Co. Mc s. Vince , Md. Date ther pry, Md. 11 & Jo	ent 2/26/47 (month) (day) (year) etery chason Co.

M	EDICAL CI	ERTIF	FICATION	
20. DATE OF DEATH	Feb.	24	I94719	2230P.
21. I CERTIFY that death occur				
and that I last saw h. A.	alive on			19
Immediate cause of death	Th	tor	3	24 h
Due to				*****
Due to				
***************************************				******
Other conditions			***********	•••••
(Include pre	gnancy within 3	months o	f death)	
Major findings of operations.	nn	~		

WRITE PLAINLY, is especially

PLEASE

MARGIN RESERVED FOR BINDING

Address.

Meens of injury

22. VIOLENCE: If death was due to external causes, fill in the following:

injured at home, farm, industry, public place (where?)

Accident, suicide, or homicide..... Where did injury occur?(City or town)

M. D. or other

(County)

Injured at work?

(State)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

2390				
2300				
2.201				
7.497				
	 _			

02137

CERTIFICAT	E OF DEATH Reg. Diat. No.
City or town. J. City or town limits, write RURAL and give nearest town) How long in above place of death? 2.6 456. Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Doy Washington Walte	3. (b) Social Security Number
4. Sex 6. Color or race 6. (a) Single, Married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Feb. 18 1947 at 1.0 P:m
6.(b) Name of husband or wife Ella Horsman Welter 6.(c) If allve, give age 47 years deceased (mo., day, yr.) March 23, 1891	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day 15 5 10 25	Due to Charcordence. 4
1D. Usual occupation. Outsteen The Steel S	Due to.
12. Name George W. Walter 13. Birthplace & Aring Island, ma.	Dther conditions
14. Malden name Gerdnie E. Fisher 15. Birthplace P - Dorchester Co.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Ella 14. Walter Address Gesterville, md.	Autopsy results
17 Bulical Date thereof 2 2 1/47 (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Oak Grove Centery	Where did injury occur?
18. Funeral director. C. S. Messicha Address Bivalve, Md.	Means of Injury Injured at work?
19. That 32 19.47 R. That food Thegistrar	23. SIGNATURE M. D. or other Address Date signed 2-23-41

Separation of the separate of BURNA

WRITE

PLEASE

VS

		,	exile	1
1)	dir	2	1	-
100	aur			

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02138

CERTIFICATE OF DEATH

Reg. Dist. No. 3350

	Nog. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Wiegraus	(For newborn infants give residence of mother)
(If outside city or town limit, write RURAL and give nearest town)	State Maryland county Workester
How long in above place of death?	City or town (if outside city or town limits, write KURAL and give nearest town)
Cospital, institution, or street address where death occurred:	Street No.
Ummsalk Kinged Hospilal	(If rural, give LOCATION)
How long in hospital or Institution? 15 Cloup.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 5. (a) Single, married, widowed or divorced	
	MEDICAL CERTIFICATION
male white	20. DATE OF DEATH Jela, 25 - 19 47 21 1 1 1
6.(b) Name of husband or wife Mus annu S. Wilson	21. CERTIFY that death occurred on the date above stated; that lettended deceased from
7. Birth date of	s and that I last saw h. Last alive on Tech. 25
deceased (mo., day, yr.) Practice 2,5, 1875	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronard anters Near to gray some
74hrsmin	de Clas Chronad Bunth
Balto. Md.	a Aschision)
9. Birthplace (Town, county, and state)	artenoschrous
10. Usual occupation A Day of Medicine	Que to
11. Industry or business	O G S A A Lough
≝ 12. Name	Other conditions always Emboli 77
12. Name	7 3 weeks
	(Include pregnancy within 8 months of death)
HI 14. Maiden name	Major findings of operations.
≥ 15. Birthplace	- Date of op.
16. Informant Was Willer	Autopsy results
Address Pocomol City, ma	
17 Cursel Date thereof 2-274-97	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory spicopal Cemetery	Where did Injury occur?
Location Procomple City mt.	Injured at home, farm, Industry, public place (where?)
0.0000000000000000000000000000000000000	Means of Injury Injury at work?
18. Funeral director	011.11/4/ 00
Address frences Unne, Ma.	23. SIGNATURE / aved & XIllure M W
19. 21 26 19 HY Lesser D & John	M. D. or, other



PLEASE

NS

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

. 2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

02139

CERTIFICATE OF DEATH

Reg. Dist. No. 335

County WIEOMIEO	large tex
City or town SRIS bury MAY and (If outside city or town white, write RURAL and give nearest town)	stale mary land county yorcester.
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Mosnital Institution or street address where death occurred:	Street No.
Peninsula general Hospital	(If rural, give LOCATION)
How long In hospital or institution? Weeks and 4' days.	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Workman, mrs. Elizabeth	
4. Sex 5. Color or rate 6.(a) Single, married, woowed, or divorced	MEDICAL CERTIFICATION
Temale white widow	20. DATE OF DEATH FEB 3 1947 21 1 33
8.(b) Name of husband or wife Ashers Work	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
6.(c) tt alive, give age years	nov 16 1946 10 That 3 19 47
7. Birth date of deceased (mo., day, yt.)	and that I last saw h. equalive on 19.4
8. AGE: Years Months Days If less than one day	Immediair cause of death
54 8 17min.	Corenona of Fundamento
9. Birtholace Dagot Dec	Que to
(lown, county, and state)	
10. Usual occupation of the free must be the Marcif to The	Propue to.
11. Industry or business	
= 12. Name 100 Para B Chandle	Other conditions.
13. Birthglace gagelon are	
14. Maiden name Alaraha Grandson 15. Birthplace Alaraha	(Include pregnancy within 3 months of death)
E 15 Richalace	Major findings of operations. Core of the Date of op. Nov. 11: 1147
Juli (Fine) samples	Autopsy results.
16. Intermant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Dirlers in The	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whiteh) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory (Food Meurs, Dagston	Where did injury occur?
Location Angelon Del	Injured at home, farm, Industry, public place (where?)
1 0000 1 0000 115-00	Means of Injury Injured at work?
18. Funeral director forms of Secretary	
Address Dellaco May)	23. SIGNATURE LA Mademoler MD
19 2/5, 18 HY, Hardige 2, John	M. D. or other And Sales Signed 2 /3/47

FEL 15 1947
BUREAU VA

EOR BINDING

MARGIN RESERVED

VS A15

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97)

CERTIFICATE OF DEATH

02140 Reg. Dist. No. 3330

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State M/ A County Wildwill
Cily or fown	
How long in above place of dealh?	City or town
Hospital, instilution, or street address where death occurred:	Street No. 10.3 forth St
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name was
3. (a) FULL NAME	3. (b) Social Security Number
Hetta Wright	na
4. Sex 5. Color or race 0 B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale a.a. Mudan	20. DATE OF DEATH 7ebruary 24 19 47 at 8 3 a
1 of of	21. I CERTIFY that death occurred on the date above stated; that i aftended deceased from
1 10 ans Angue	12-71 11/1 2 24 11/19
7. Birth date of year	and that I last eaw h. alive on 2-24-4.7
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediair cause of death
shout 6 5 min	y day
9. Birthplace of Cown, ognaty, and state)	Due to Change Change
10. Usual occupation & assaughlefing	generalized
11. Industry or business Same als alifour	Oue to
# 12. Name Perse wood	Other conditions.
E 13. Birthplace Salealing and	
# 14. Maiden name angeline west	(Include pregnancy within 3 months of death)
860	Major findings of operations
Val 111.00/	- Uate of op.
16. informant of the state of t	Autopsy results
Address & aliabeting mag	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which) Bale thereof Glade (month) (day) (year)	Accident, suicide, or homicide
Cemeiery or Grematory Manily	Where did injury occur?
Location Balishing Dana	Injured at home, farm, industry, public place (where?)
(A IIXA	Means of injury injured at work?
18. Funeral director. Assistantial delication	S A D 10 .0 =
Address Malinery and	- 23 SIGNATURE Etternell, M.D.
19. 2 / 27, 19 HT, Obaquel by	M. D. or other

PUREAU VA